## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000086532 THE DOMESTIC ENGINEERS, INC. 04-26-2001 90122 007 \*\*\*150.00 Principal Place of Business Mailing Address 3437 TALLYWOOD LANE 3437 TALLYWOOD LANE SARASOTA FL 34237 SARASOTA FL 34237 2. Principal Place of Business AMIAMI Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. EEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COTTILLION, JOHN G Street Address (P.O. Box Number is Not Acceptable) 3437 TALLYWOOD LANE SARASOTA FL 34237 Zip Code ススノス 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete ELIZABETH B. COTTILLION 3437 TAllywood LANC NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change JUAN G. COTTILLION 3437 TALLY WOUN LAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 34237 CITY-ST-ZIP 246715077 TITLE ☐ De ete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIFY-ST-ZIP TITLE Delete TIFLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP City-St-ZiP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that that an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.